

DPP-4 INHIBITORS PA SUMMARY

PREFERRED	Onglyza
NON-PREFERRED	Januvia, Janumet

LENGTH OF AUTHORIZATION: Initial: 6 Months; Repeat: 1 Year

NOTE: Preferred and non-preferred agents require prior authorization.

PA CRITERIA:

For Onglyza

- ❖ Approvable for members with Type 2 diabetes mellitus
- AND*
- ❖ Submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to metformin and a thiazolidinedione
- AND*
- ❖ Submit documentation of hemoglobin A1c results within the past 6 months.

For Januvia/Janumet

- ❖ Approvable for members with Type 2 diabetes mellitus
- AND*
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Onglyza
- AND*
- ❖ Submit documentation of hemoglobin A1c results within the past 6 months.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.